

# ALASKA STATE LEGISLATURE

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**REPRESENTATIVE PEGGY WILSON  
HOUSE DISTRICT 2**

## **SPONSOR STATEMENT**

### **House Bill 130**

**"An Act relating to questionnaires and surveys administered in the public schools."**

HB 130 changes parental consent requirements for surveys in schools from active to passive for anonymous surveys. Written permission is still required for non-anonymous surveys. With this bill written denial of permission will be required for anonymous surveys.

School-based surveys are a reliable method for gathering valuable population-based information on youth that helps policy makers, educators, program planners and parents to better understand important health and social issues that affect their chances of program success.

Routine standardized surveys such as the national and state Youth Risk Behavior Survey track trends over time and help guide and evaluate important health and prevention programs. State and federal grant programs that rely on these surveys include tobacco prevention and control, obesity prevention, diabetes, heart disease and stroke, safe and drug free schools and other substance abuse prevention, injury prevention, including violence and suicide prevention, HIV and STD prevention, and more.

Current Alaska statute requires active parental consent on youth participation in surveys. Active parental consent requires written permission to participate in the survey. Active parental consent overburdens the school system and drastically increases the costs and labor involved in conducting student surveys.

Though research and experience suggests that the vast majority of parents would consent to their students participating in such surveys, many schools are unable to use the data they collect because there are not enough participants. Most of the research indicates parental failures to provide written permission are driven by apathy, oversight, or student error – not by refusal. With passive parental consent, the parent is notified and informed about the nature of the survey and allows for the parent to provide a written refusal to participate in the survey.

Notification of surveys and their content will still be sent to every parent of a child that is a candidate to participant in the survey. A parent will have the option of reviewing the entire survey and how it will be administered before it is administered. Any parent who doesn't want their child to participate will have the option to opt-out of the survey.

**HOUSE BILL NO. 130**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

**BY REPRESENTATIVES WILSON, Gardner**

**Introduced: 2/13/09**

**Referred: Education, Health and Social Services**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to questionnaires and surveys administered in the public schools."**

2   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3    \* **Section 1.** AS 14.03.110(a) is repealed and reenacted to read:

4           (a) A school district or an employee of a school district may not administer or  
5           permit administration of a questionnaire or survey to a class or student unless written  
6           permission is obtained from the student's parent or legal guardian. This subsection  
7           does not apply to a questionnaire or survey that is anonymous or that concerns a  
8           matter of public record or public observation.

9    \* **Sec. 2.** AS 14.03.110(b) is repealed and reenacted to read:

10           (b) If a school district administers an anonymous questionnaire or survey,  
11           written permission from a student's parent or legal guardian is not required, but the  
12           school district shall provide each student's parent or legal guardian the opportunity to  
13           submit to the school principal a written denial of permission to take the questionnaire  
14           or survey.

15   \* **Sec. 3.** AS 14.03.110(c) is repealed and reenacted to read:

(c) For purposes of (a) and (b) of this section, the school district shall provide a parent or legal guardian at least two weeks' written notice of the right to grant or deny permission to take the questionnaire or survey before administering the questionnaire or survey.

\* **Sec. 4.** AS 14.03.110(d) is repealed and reenacted to read:

(d) Written notice required to be given to a parent or guardian under this section must include

- (1) the date the questionnaire or survey is to be administered;
- (2) a description of the content of the questionnaire or survey;
- (3) the sponsor of the questionnaire or survey;
- (4) the name of a person to contact at the school district;
- (5) notice of the opportunity to review the questionnaire or survey to be administered;
- (6) a description of how the questionnaire or survey will be administered to the student;
- (7) a description of how to submit written permission or denial of permission to participate in a questionnaire or survey, including an anonymous or specific questionnaire or survey;
- (8) notice of the opportunity for the student to refuse to answer specific questions on the questionnaire or survey, or to refuse to participate in the questionnaire or survey.

\* **Sec. 5.** AS 14.03.110(e) is amended to read:

(e) A student may refuse to participate in a questionnaire or survey administered in a public school. A student's parent or legal guardian may refuse to allow the student to participate in a specified questionnaire or survey by submitting to the school principal or to the teacher responsible for distributing the questionnaire or survey a written denial of permission for the student's participation.

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## REPRESENTATIVE PEGGY WILSON HOUSE DISTRICT 2

### Sectional Analysis

#### House Bill 130

#### **“An Act relating to questionnaires and surveys administered in public schools.”**

**Section 1.** Requires a school district to get written permission to administer a questionnaire or survey. It exempts anonymous surveys. Surveys that concern public information are also exempted.

**Section 2.** Requires a school district to provide a parent or guardian the opportunity to deny permission to take an anonymous questionnaire or survey. Written permission is not required.

**Section 3.** Defines a 2 week time frame for school districts to notice parents of an upcoming questionnaire or survey so that they may either deny permission, for anonymous, or grant permission, for non-anonymous, surveys.

**Section 4.** Defines what a written notice must contain.

**Section 5.** Adds language to current statute that defines how a parent can deny permission for student to participate in an anonymous survey.



Mayor Matt Claman

# Municipality of Anchorage

P.O. Box 196650 • Anchorage, Alaska 99519-6650 • 825 "L" Street • <http://www.muni.org>



## Health and Human Services Commission

Peggy Wilson, Representative  
State Capitol, Room 408  
Juneau, AK 99801-1182

March 11, 2009

Dear Representative Wilson,

I am writing to you as chair of the Municipality of Anchorage Health and Human Services Commission on behalf of our 15 members and the many health organizations we represent. We would like to thank you for all of your hard work and dedication to the state.

As the Health and Human Services Commission, our primary mission is to ensure the health and well-being of the Anchorage community. We rely on current information regarding the health and social status of the Anchorage community to determine our priorities and drive action. Critical to our mission is reliable community data including data about the health and well being of our City's youth.

The Municipality of Anchorage Health and Human Services Commission supports HB 130 "An Act relating to questionnaires and surveys administered in the public schools" to encourage greater participation in school-based surveys. Routine standardized surveys such as the national and state Youth Risk Behavior Survey track trends over time and help guide and evaluate important health and prevention programs. The overall statewide response rate to Youth Risk Behavioral Survey (YRBS) in 2005 was 55 percent, which did not meet the required response rate of 60 percent to make it a valid survey. The State was unable to use the data or publish the report since the data would not be representative of the high school population. Anchorage students are a critical sample for the success of YRBS because they represent approximately 40% of all high school students in the state. The information gathered through school-based surveys is used to inform programs and initiatives about youth behavior that help drive prioritization of efforts to improve community health. An increase in survey participation improves the reliability and validity of survey responses significantly, which provides organizations like Municipality Department of Health and Human Services with critical, current information regarding the health and social status of youth in our community.

Again, thank you for your commitment to our state and its youth. I would appreciate the opportunity to talk with you on this matter at your convenience.

Sincerely,

Brian Saylor PhD MPH, Chair  
Anchorage Health and Human Services Commission

Cc. Mayor Matt Claman  
Diane Ingle, Director DHHS

*Community, Security, Prosperity*



March 9, 2009

The Honorable Peggy Wilson  
Alaska State House Representative  
State Capitol, Rm 403  
Juneau, AK 99801-1182

Dear Representative Wilson:

On behalf of Planned Parenthood of the Great Northwest (PPGNW), I'm writing in support of House Bill 130, *"An Act relating to questionnaires and surveys administered in the public schools."*

Planned Parenthood relies on the results of the school-based Alaska Youth Behavior Risk Survey to determine where our efforts should be in terms of education and STI prevention programs. For accurate survey results it's critical to get as many survey responses as possible. Planned Parenthood recognizes that the current regulations of active parental consent for anonymous surveys decrease the response rate significantly.

House Bill 130 will increase the accuracy of the vital information Planned Parenthood and many other organizations rely on to serve Alaska's young people. Thank you for addressing this issue.

Sincerely,

Clover Simon  
Vice President of Alaska  
Planned Parenthood of the Great Northwest  
(907) 770-9705  
clover.simon@ppgnw.org

Planned Parenthood of the Great Northwest  
Alaska Administrative Office - 4001 Lake Otis Pkwy  
Anchorage, AK 99508

# Alaska BRFSS HIGHLIGHTS

Behavioral Risk Factor Surveillance System 2007

## Introduction

Modification of risk behaviors that contribute to chronic disease, premature death and impaired quality of life is an important public health challenge. The Behavioral Risk Factor Surveillance System (BRFSS) collects information on risk factors, chronic disease prevalence and preventive practices that is essential for the development of chronic disease prevention and health promotion efforts aimed at modifying key risk factors. The BRFSS is conducted in all 50 states, the District of Columbia, Guam, Puerto Rico and the US Virgin Islands and is now the longest running and largest telephone health survey in the world. The State of Alaska began surveillance using the BRFSS in 1991 and has continued yearly since. The Alaska BRFSS is a collaborative project of the Centers for Disease Control and Prevention and the Alaska Division of Public Health.

In 2007, 2,552 health interviews were conducted using a standardized BRFSS questionnaire. The interviews were conducted over the telephone from the Health Survey Lab in Juneau using randomly selected telephone numbers. Households were contacted and one adult 18 years of age or older per household was randomly selected to complete the survey. These data were weighted to represent the state's adult population. This report presents highlights from data collected in 2007.

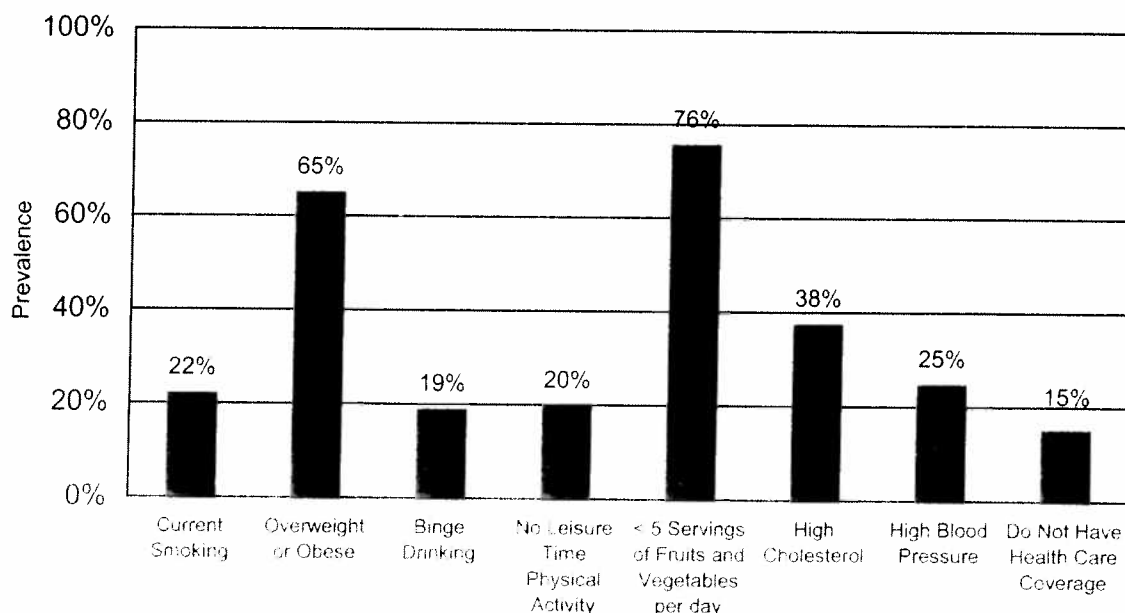


Sarah Palin, Governor  
State of Alaska

Karleen K. Jackson, Ph.D., Commissioner  
Department of Health and Social Services

Beverly K. Wooley, Director  
Division of Public Health

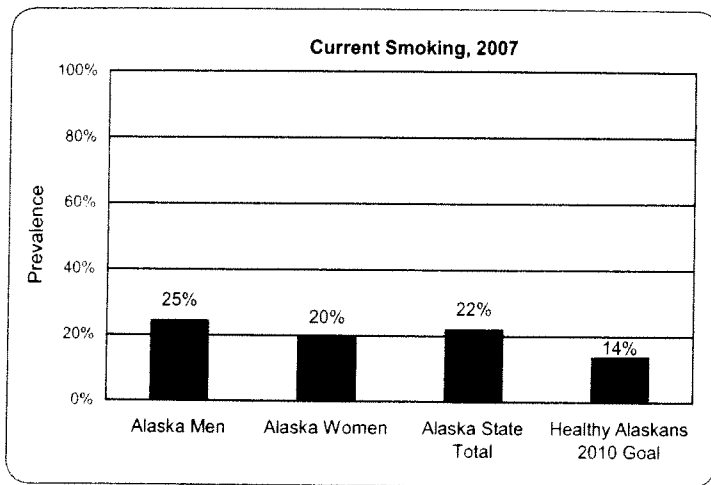
**Prevalence of Selected Risk Factors Among Alaskan Adults, 2007**



## Indicator Data

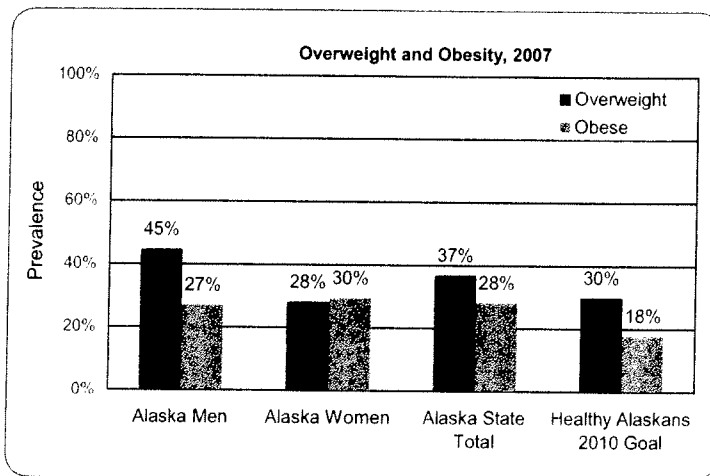
### Tobacco Use

In 2007, 22% of Alaskan adults reported current smoking, that is, had smoked at least 100 cigarettes in their lifetime and reported they currently smoke either some days or everyday. (Smoking prevalence rates may differ slightly from those reported by the Tobacco Prevention and Control Program, who estimate smoking prevalence from a combination of the BRFSS and a supplemental tobacco survey.) This is higher than the Healthy Alaskans 2010 goal of 14%. Alaska Natives have a particularly high prevalence of smoking (38%), significantly higher than other race groups (data not shown).



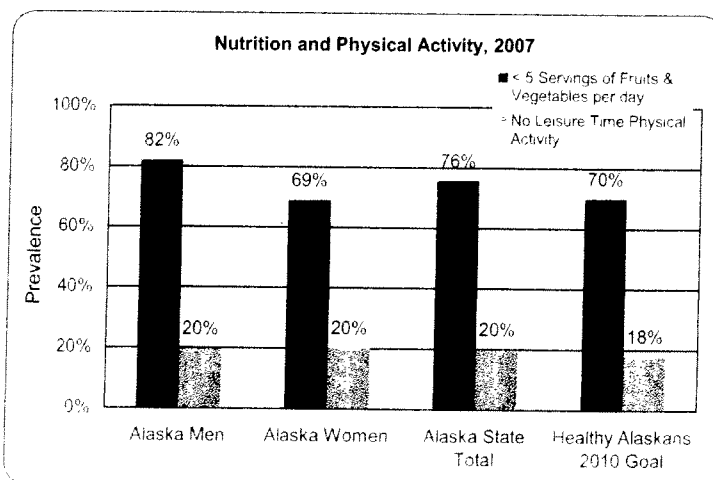
### Overweight and Obese

People who are overweight or obese are at increased risk of chronic disease and premature death. In 2007, 37% of Alaskan adults were overweight and 28% were obese based on Body Mass Index (BMI). Respondents with a BMI of 25.0 to less than 30.0 were considered overweight and those with a BMI of 30.0 or greater were considered obese. Both of these indicators are greater than the Healthy Alaskans 2010 goals of 30% for overweight and 18% for obese.



### Nutrition and Physical Activity

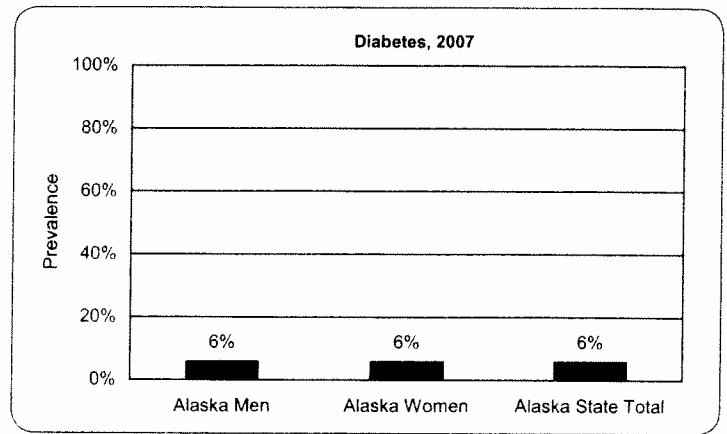
Getting regular physical activity and eating recommended amounts of fruits and vegetables can reduce the risk of chronic disease and help in maintaining current weight or with losing weight. In 2007, 20% of Alaskan adults reported no leisure time physical activity in the past 30 days and 76% reported eating less than 5 servings of fruits and vegetables per day.





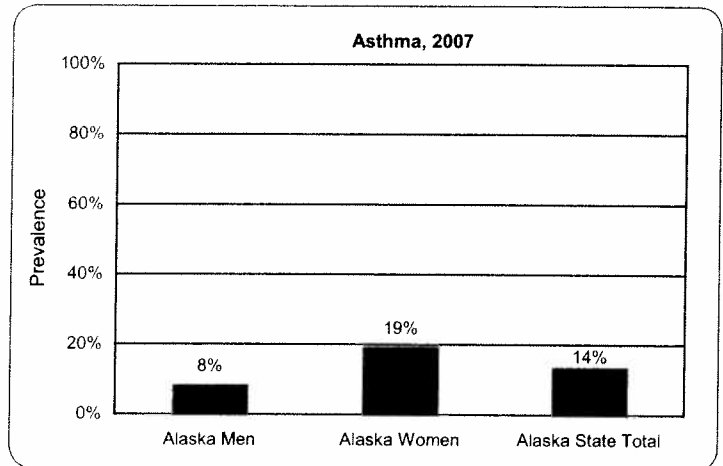
### Diabetes

Diabetes increases the risk for heart disease and stroke and can result in blindness and renal disease. In 2007, 6% of Alaskan adults reported being told they have diabetes. There was no difference between men and women in the prevalence of diabetes.



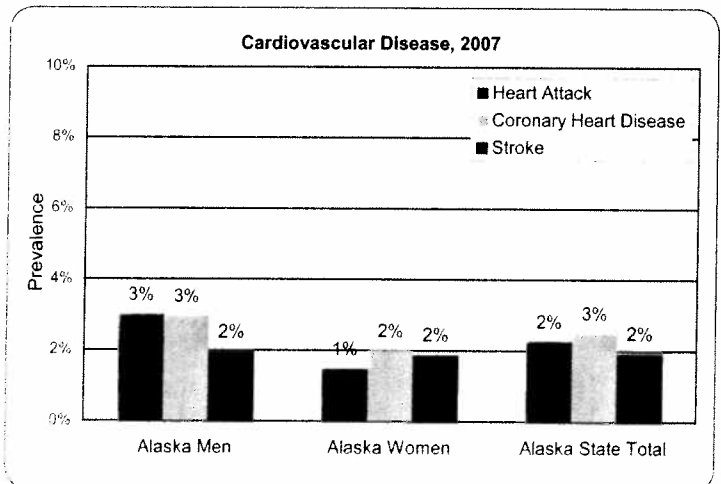
### Asthma

Asthma is a leading cause of restricted activity. In 2007, 14% of Alaskan adults reported ever being told they have asthma. Significantly more women than men reported asthma.



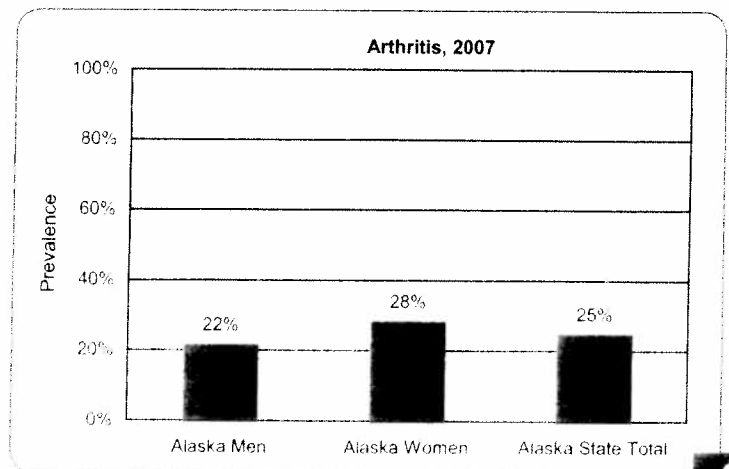
### Cardiovascular Disease

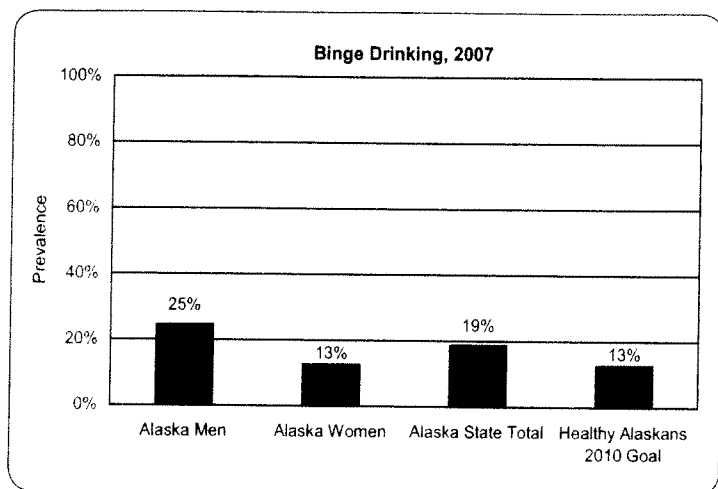
Heart disease is a leading cause of death in Alaska and the US as a whole. The BRFSS asks respondents if they have ever been told they have had a heart attack, been told they have coronary heart disease or been told they had a stroke. In 2007, 2% of Alaskan adults said they have had a heart attack, 3% said they have coronary heart disease and 2% said they have had a stroke.



### Arthritis

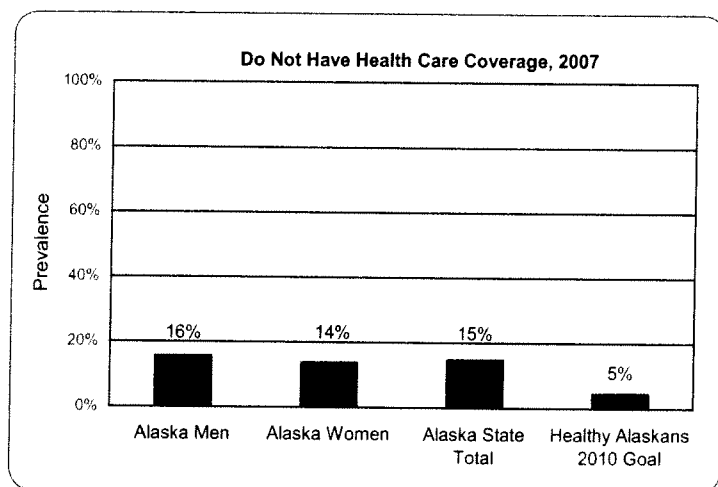
In 2007, 25% of Alaskan adults reported being told by a doctor that they had arthritis. Arthritis covers a variety of different joint conditions and can affect people of all ages.





### ***Binge Drinking***

Binge drinking is associated with injury, both intentional and unintentional. Nineteen percent of Alaskan adults reported binge drinking on the 2007 BRFSS; the Healthy Alaskans 2010 goal for binge drinking is 13%. Binge drinking was defined as having had 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions in the past 30 days. Binge drinking among males (26%) was significantly higher than among females (12%).



### ***Do Not Have Health Care Coverage***

Many Alaskans lack access to primary health care and preventive services. Reasons include distance from sources of care and lack of health care coverage. On the 2007 BRFSS, 15% of Alaskan adults reported not having health care coverage. The goal of Healthy Alaskans 2010 is to reduce the proportion of Alaskans without health care coverage to 5%.

More information about the Alaska Behavioral Risk Factor Surveillance System can be found at <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/default.htm>

All Alaska Behavioral Risk Factor Survey Annual Reports can be downloaded from <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm>.

## **References:**

Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and Strategies for Improved Health. Volume I: Targets for Improved Health. Nov. 2005. Available at: <http://www.hss.state.ak.us/dph/chronic/ha2010/Default.htm>.

This report was prepared by Rebecca Wells, Alaska BRFSS Coordinator. April 2008.

The 2007 BRFSS was funded in part by the Centers for Disease Control and Prevention, Cooperative Agreement No. U58/CCU022905, and it was produced by the Alaska Department of Health and Social Services. It was printed at a cost of \$.48 per copy in Anchorage, Alaska. This cost block is required by AS 44.99.210.

**Risky teen behavior*****State law compromises ability to assess how safe our kids are****(06/03/08 23:28:47)*

Everyone needs to know how safe Alaska teenagers are.

Fortunately, there's a way to find out.

An anonymous, scientific survey of young people sponsored by the federal Centers for Disease Control and Prevention shows trends in teens' behavior, from cigarette, alcohol and drug use to sex.

The Youth Risk Behavior Survey, just out for 2007, is a tested longtime report with controls for accuracy.

It tells adults how well they're addressing kids' problems within each state as well as nationally: Are anti-tobacco programs aimed at Alaska kids working? Are we sending an effective message about declining to ride with an impaired driver on prom night?

But trend information on Alaska kids is spotty because the state has erected unreasonable hurdles to getting students to participate.

In 2001 and 2003, because of those hurdles, Anchorage failed to get enough responses for a valid local version of the study. In 2005, the state didn't get enough responses back.

It's time to get rid of the obstacles.

It used to be that districts had to notify parents and give them a chance to opt out of the survey. Any student who wanted to could opt out on his own.

That worked well. State and local districts were able to survey randomly selected students and know that they represented a larger group.

In 1999, responding to parental complaints that the survey is too invasive and personal, the Legislature passed a law saying school districts must get written permission from parents in advance before a student may participate in even an anonymous survey that asks personal questions.

Alaska has to get at least 60 percent of the statewide students chosen in a random sample to participate before the survey results are usable -- before they can be deemed representative of all Alaska students.

Anchorage, to get valid local results, has to do the same.

Both the state and Anchorage achieved it this year, but only by spending tremendous effort and money. The state gave \$70,000 to districts to help them get the responses and still came up with

just enough, said Todd Brocious of the Alaska Department of Education.

"What makes it so precarious for us is that a single district deciding not to participate can sabotage us for getting usable data," he said.

The Anchorage School District spent about \$33,000 on mailings, pizza parties for classes that got all the permission slips back (yes or no, didn't matter), and extra pay for high school counselors who did extra work.

Rep. Peggy Wilson of Wrangell led an effort during the past Legislature to return Alaska to the old system in which parents had to make the effort to opt out. Her bill, as it passed the House, would have applied only to this one biannual survey. It died in the Senate.

The information obtained from the youth risk survey is invaluable. It helps groups obtain grants to work on teen issues. It tells lawmakers, schools, parents and others where kids need help.

If an individual parent doesn't want his child to participate, or a teen chooses not to himself, that's fine. No problem. But it's ridiculous and costly to have the permission system set up the way it is. The Legislature should change it.

**BOTTOM LINE:** Accurate reporting on teen risks is too important to be held hostage to a clunky state law.

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## Our kids

### ***Tobacco message, cops in schools help out***

Over the past 12 years, the percentage of Anchorage high school students who are frequent smokers has plunged from 16.4 percent to 3.4 percent.

That's one of the most dramatic results of the Anchorage Youth Risk Behavior Survey, which includes information from 1995, 2005 and 2007.

It's a sample of the important things we need to know about teens, and of why the survey matters.

School officials say the report shows that a concerted assault on smoking -- ads, tougher laws and higher taxes, for example -- is inducing teens to avoid tobacco.

Other results from this year's survey:

- Fewer kids were involved in fights or threatened with weapons on school grounds in 2007 vs. 2005. The police officers in schools are definitely making a difference, says Superintendent Carol Comeau.
- The trend is for fewer Anchorage teens to feel that their teachers and other adults really care about them -- a finding that could lead to more troubled youth, says Comeau.

The entire survey is online at the Anchorage School District Web site.

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## GUIDELINES FOR PASSIVE CONSENT

Based on recent change to state law,<sup>1</sup> CDE has determined that under certain circumstances LEAs conducting the California Healthy Kids Survey (CHKS) have the option of using passive parental consent, rather than active (written) consent as previously required.<sup>2</sup> Under passive-consent procedures, parents/guardians inform the school only if they *don't want* their child to participate in a study (opt out).<sup>3</sup> To adopt passive consent, the following conditions must be met:

- The survey is limited to grades 7 through 12. Passive consent cannot be used below grade 7.<sup>4</sup>
- It is anonymous, confidential, and voluntary. Active consent must still be used if respondent data are linked to a respondent's name in any form or manner, such as in longitudinal tracked surveys.
- The school board formally adopts, in consultation with parents, a written passive consent policy for the administration of the CHKS (and any other survey or test) consistent with California Education Code sections 51513 and 51938(b) and the federal Protection of Pupil Rights Act (PPRA), 20 USC 1232h.
- Parents/guardians are notified in writing at the beginning of the school year about the survey and when it is to be administered, and given a reasonable opportunity to review the survey and to decline their child's participation (opt out).
- Parents/guardians are notified of any substantive changes in survey policies, dates, or content that occur after the initial notification.
- The parental notice contains all the required elements specified in the CHKS Guidebook for protection of human subjects and in the federal Protection of Pupil Rights Act.
- Questions are not added to the survey that elicit reports of parental attitudes or behaviors or any other category that requires active consent under Ed Code 51513 but not exempted under Ed Code 51938.

The following guidelines are designed to help you determine whether you should switch from written to passive consent and the steps you should take if you decide to make the change.

### Benefits of Passive Consent

- Passive consent involves less cost and labor, particularly for the classroom teacher.
- If you have *not* been successful in meeting your target sample using written consent, passive consent will likely increase your response rates.
- Research also suggests that passive consent will result in a more representative sample, as many hard-to-reach subgroups, including groups at high-risk of substance use and other problem behaviors, are underrepresented in written consent surveys.<sup>5</sup>

<sup>1</sup> See Education Code 51938(b), which stipulates: "Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age appropriate questions about the pupil's attitudes concerning or practices relating to sex may be administered to any pupil in grades 7 to 12, inclusive, if the parent or guardian is notified in writing that this test, questionnaire, or survey is to be administered and the pupil's parent or guardian is given the opportunity to review the test, questionnaire, or survey and to request in writing that his or her child not participate."

<sup>2</sup> Written consent requirements and strategies are detailed in the CHKS Guidebook, available online at [www.wested.or/hks](http://www.wested.or/hks).

<sup>3</sup> As described in the CHKS Guidebook, under active-consent procedures parents must confirm in writing that they consent or not, usually by signing and returning a form. If a form is not returned, it must be assumed that parental permission is not granted.

<sup>4</sup> Education Code 51938(b) authorizes passive consent only for grades 7 through 12 (see note 1).

## Considerations for Changing from Active to Passive Consent

- **Written consent provides extra protection** against surveying a student whose parents did not receive notification or did not approve of participation but failed to inform the school. This extra protection may be important if risk behavior surveys are a sensitive issue in your community.
- If passive consent reduces the burden on the classroom teacher, **schools must take special precautions** to demonstrate that they made every reasonable effort possible to inform parents about the survey (and any subsequent changes) and to give them opportunities to opt out.
- If your sample changes (e.g., becomes more representative), it will **complicate interpretation of current trends**. Did student behavior change or the sample? Most research suggests reported AOD use will increase. WestEd will provide talking points to address this issue.
- **If you have been meeting your target response rates using written consent**, you might want to continue using it to avoid the issues listed above, especially if your district will still need to use written consent with 5<sup>th</sup> grade.

## Recommendations for Passive Consent Implementation

Survey procedures must ensure that parents receive the consent materials, pay attention to them, and have sufficient time and opportunities to refuse participation. To assure PPRA compliance and reduce the risk of inadvertently surveying a child without parent permission, we recommend the following:

- **Stress that survey participation is voluntary in all communications.** This is a key requirement for the use of passive consent procedures in the PPRA. Notify students in writing and verbally (before survey administration) that they have the right to decline participation and to not answer any question that makes them uncomfortable. Make sure nothing is done that might cause a student to feel uncomfortable if he doesn't want to participate.
- **Send all consent information and forms via a method that guarantees receipt**, such as by mail. Preferably, use a method that documents receipt. For example, the information can be put into a parent handbook that the parent signs for.
- **Use multiple contact techniques.** Do everything possible to insure parents receive notification.
- **Make sure all materials are language appropriate** for parents with limited English reading ability.<sup>6</sup>
- **Make disapproval notification convenient.** Again, use multiple venues: a written form that can be turned into a teacher, a phone number to call, or email address. Each channel should reach a single person or office, identified in district policies, responsible for monitoring consent. This will help avoid parent refusals from slipping through the cracks.
- **Document** all your efforts to notify parents.

***For more information about consent procedures,  
call your regional CHKS advisor at 888.841.7536.***

<sup>5</sup> The application of active-consent procedures to anonymous, voluntary surveys with rigorous data safeguards and minimal risks to students—such as the CHKS—has been criticized for jeopardizing access to essential information by imposing overly rigid, stringent, and costly consent procedures.

<sup>6</sup> CDE policy is that, in addition to English, notification must also be in each primary language other than English where 15 percent of the students speak that primary language.

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## FAQs - Conducting In-School Surveys

Written by Tasha Snyder, Agricultural Sciences

The school setting is an optimal location to survey large numbers of students for research projects. Before planning a data collection study, however, it is important to be aware of federal guidelines and policies that contain regulations relevant for researchers conducting in-school studies of youth. These guidelines have implications for sampling, the informed consent process, and survey content.

**Q:** What federal regulations should I be aware of before planning an in-school study of youth?

**A:** The two key federal regulations you need to be familiar with are the Family Education Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA). Both federal regulations apply to any institution receiving funds from the U.S. Department of Education.

### FERPA

Initially signed into law in 1974, FERPA regulations are periodically updated, most recently under the No Child Left Behind Act of 2001. The main function of FERPA is to protect parent's rights regarding inspection and modification of their child's educational records. Under FERPA regulations parents have the right to inspect their child's educational records, request a correction to any errors in those record, and **parent's written permission must be sought before releasing their child's educational records**. Schools may release limited contact information for students (name, address, phone number, attendance record, date and place of birth, honors and awards) without written parental permission, but parents must be notified of these requests and given the opportunity to request that their child's information not be released.



### PPRA

Part of the FERPA and No Child Left Behind legislation, PPRA is designed to protect parent's and pupil's rights regarding inspection of any materials - as part of the instructional curriculum or study instruments - to which students are exposed. Instructional and survey materials must be made available for parents to review, and **schools must obtain written parental consent before their minor students participate in any study that asks about the following:**

- political affiliations or beliefs of the student or student's parents;
- mental and psychological problems that are potentially embarrassing to the student and/or his or her family;
- sexual behaviors and attitudes; ✖
- illegal, antisocial, self incriminating and demeaning behavior; ✖
- critical appraisals of family members;
- legally protected relationships, such as those with lawyers, clergy and physicians;
- religious practices or beliefs of the student or student's parents; or
- income

Under PPRA schools are required to develop and adopt policies in conjunction with parents regarding their rights to inspect research surveys and instructional materials, protect students' privacy related to the eight items noted above, administering physical exams to students, and collecting student information intended to be used for marketing purposes. In addition, parents must be made aware in advance of dates when data collection studies will occur and of their rights to withdraw their children from participating in any study that asks about the eight items listed above, any marketing surveys, and any non-emergency physical exam or screening.

For a complete description of the FERPA and PPRA regulations, recent Supreme Court rulings, and a history of the legislation, see the following urls:

[http://personalinfomediary.com/FERPA\\_info.htm](http://personalinfomediary.com/FERPA_info.htm)

<http://www.ed.gov/policy/gen/guid/fpco/hottopics/ht10-28-02.html>

**Q: What are the implications of the FERPA and PERPA regulations for the design, sampling, and implementation of my in-school study?**

**A:** There are two main implications for study design and implementation. First, the content of your survey largely determines the level of parental consent required. In-school studies with surveys that contain sensitive questions related to any of the eight items described above must first provide parents full information about the study and survey content and then obtain written parental consent before a student can participate in the study. Surveys that contain more benign questions might not require active written parental consent but rather "passive" consent where parents are notified of the study, usually at least 2-3 weeks in advance, and reply to deny consent, rather than provide it. This type of scenario is addressed on a case-by-case basis by the IRB. Regardless though, all parents must be notified of the dates when data collection will occur so they can choose to withdraw their child from the study, even after giving written parental permission to participate.

Second, the level of consent required has important implications for the representativeness of your sample and can introduce sample bias into your study. Findings from several recent studies consistently highlight how sampling bias is introduced into research involving youth when active written parental consent is required (Dent, Galaif, Sussman, Stacy, Burtun and Flay 1993; Ellickson and Hawes 1989; Esbensen, Miller, Taylor, He and Freng 1999; Henry, Smith and Hopkins 2002). Two studies in particular, Esbensen et al. (1999) and Henry et al. (2002), compare samples from the same population involving active written parental consent with those involving passive parental consent and document how response rates are affected and bias is introduced.



Esbensen et al. (1999) collected data from 7th grade students in six U.S. cities and employed a sampling design that used passive parental consent for their pre-test wave of data collection, and then were required to obtain active parental consent for a subsequent wave of data collection on the same sample. This design provides a unique opportunity to compare the two samples of the same population, and determine how passive and active parental consent procedures differentially impact sample

selectivity. Regarding response rates, in their pre-test survey, where passive parental consent was used, only 13 of the 2,496 eligible 7th grade students (0.4%) could not participate because their parents denied consent. When active parental consent was required for their first wave of data collection the response rate and sample size of their study were considerably reduced. Between 23% and 45% of youth did not participate in the study, depending on the site, due to non-response from the parents. Extensive follow-up of non-respondents found that 78% of the parents subsequently provided consent for their child to participate in the study, and 22% refused to provide consent. This suggests that non-response indicates passive



acceptance rather than being synonymous with refusal. Thus, the active written parental consent process that is required by PPRA could result in an unnecessarily large non-response rate, preventing students from participating in studies.

Regarding sample bias, Esbensen et al. (1999) provide strong evidence that the characteristics of the students whose parents did not respond were different from those whose parents responded, thus introducing bias into their sample. Comparing the pre-test sample with the sample of responders to the active parental consent, including those who allowed their children to participate and those who did not, revealed that the sample of responders was more likely to be white, to come from intact homes (two married parents), and to have parents with more than a high school education. In addition, parents of "at-risk" youth (positive attitudes towards and engagement in delinquent behaviors) were less likely to return consent forms at all. This study documents a selection bias introduced by the active parental consent procedure, and recommends that a mailing be sent home to parents notifying them of the study, and that the parents be given 2-3 weeks to deny their child's participation in the study, after which time period the consent is implied.

More recently, similar findings were reported when Henry et al. (2002) conducted an in-school study of 7th grade students in nine school districts in rural Pennsylvania. Active written parental consent was required for all students participating in their study, however, the project was able to access secondary data on several student characteristics for all eligible students--including GPA and absence from school--which allowed them to determine whether and how their sample was biased on these important characteristics. This study further made comparisons between the consent, non-consent, and non-response groups and determined not only if bias was introduced into their sample, but whether it originated from the non-consent group, the non-response group, or both. Findings revealed that the students whose parents declined their consent did not differ significantly from those whose parents provided consent, but that the students with non-responding parents did differ significantly from those who consented on two key educational variables. The students whose parents provided consent had fewer days of school absence and higher grade point averages compared to the students with non-responding parents. Thus, comparisons of the three groups (consenters, decliners, and non responders) find that the students eliminated from the study because of the lack of permission due to non-responders is the source of sample bias, not the presence of decliners. The result is that the Henry et al. (2002) sample represents students who are less "at-risk" for poor outcomes, thus introducing sample bias.

Both of these studies employed the numerous strategies suggested to increase return rates for active written parental consent. **These strategies include designing effective informational and consent forms, working with key school personnel, multiple mailings to parents, providing rewards for classrooms that have high return rates (such as pizza or ice cream parties), and following up with non-responders** (Esbensen et al., 1999; Fletcher and Hunter, 2003; Henry et al., 2002). Even though these strategies were implemented, both studies report biased samples due to the high degree of non-response associated with written active parental consent procedures.

Q: Yikes! So, what's a child and youth researcher planning to use in-school data collection to do?

A: Well, there really isn't much you can do to completely avoid sampling bias with in-school youth surveys of sensitive topics where active written parental consent is required. The FERPA and PPRA regulations were developed and instituted with the goal of protecting the rights and privacy of parents and students, not to promote easier access to students for research purposes.

Following the suggestions outlined above will help reduce bias in your study. Also keep in mind that sampling bias is an issue for most primary data collection studies.

## References

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## **Youth Risk Behavior Survey Background**

### **The Youth Risk Behavior Survey**

The Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system that was established in 1988 by the Centers for Disease Control and Prevention (CDC). Its purpose is to help monitor the prevalence of behaviors that put young people at risk for the most significant health and social problems that can occur during adolescence and adulthood. It is an anonymous school-based survey of high school students and it is administered on the national and state level every other year. The survey examines six categories of adolescent behavior:

- behaviors that result in unintentional and intentional injuries;
- tobacco use;
- alcohol and other drug use;
- sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STD's) and unintended pregnancies;
- dietary behaviors; and
- physical activity.

### **Value of the YRBS**

The YRBS is the largest and most respected source of data of its kind in the US. Survey results have tremendous value at the national, state, and local level such as measuring progress towards the national Healthy People 2010 and the state Healthy Alaskans 2010 health objectives. Results allow health and educational professionals to track the prevalence of youth risk behaviors over time, to compare their state to other states or to the nation, and when conducted on the local level it allows local communities to measure themselves compared to the rest of the state.

Understanding the health risk behaviors of youth is critical for developing programs that address risk behaviors practiced in their jurisdiction and for measuring progress toward program goals.

### **YRBS in Alaska**

Alaska's YRBS is a joint project between the Dept. of Education & Early Development and the Dept. of Health and Social Services. Alaska first participated in the YRBS in 1995 and has attempted to conduct the survey most every other year since then, with varying degrees of success. Alaska has produced statewide reports in 1995, 1999 (without Anchorage), and in 2003.

Typically 42 schools (approximately 20 districts) in Alaska are scientifically selected from among the high schools in Alaska to participate in the statewide survey. With their cooperation, classrooms from within each school are randomly selected to participate in the survey which generally results in just over 2,000 high school students being eligible to participate. In addition, school districts are given the option to conduct a survey of their entire district in order to gain a better understanding and measure of risk behaviors in their communities. Up to 20 districts each survey year opt to take advantage of this opportunity with the service provided free of charge by the state. In total the YRBS program distributes approximately 12-13,000 surveys for this purpose. Strict precautions are in place to absolutely ensure student confidentiality and participation in the survey is completely voluntary. Students answer the multiple choice questions about their current and past risk behaviors, which are collected and sent to the state for processing. State results are then shared federally with CDC.

### **Response Rates**

In order to ensure that the YRBS data are representative of high schools in Alaska, the majority of surveys need to be completed. Alaska sets a minimum overall response rate of 60% to be able to confidently report the results. The overall response rate is calculated by multiplying the rate of participation of schools with the student response rate. The higher the response rate the more accurate the results. In general, participation rates in Alaska have improved (more schools selected are cooperative) but the student response rate has declined and jeopardized the survey. In 1995, 82% of schools participated and 78% of students in those schools completed the survey resulting in an overall response rate of 64%. In 2005, 93% of the schools participated and 59% of students completed the survey resulting in a 55% overall response rate which was not adequate.

### **Barriers to Success**

A major barrier to success has been the active parental consent law which went into effect at the end of 1999. Alaska's active parental consent law, AS 14.03.110, prohibits schools from administering surveys or questionnaires at public schools that inquire into personal or family affairs, or anything else that is not a matter of public record or readily observable in public (regardless of whether or not the surveys are anonymous and voluntary) without first getting written permission from all participating students' parents or legal guardians. Alaska is one of only two or three states in the nation that has a school survey law requiring active parental consent for surveys of this type. Most states employ passive parental consent when administering such surveys. Passive parental consent involves notifying and informing the parents about the survey and assuming that students will participate unless the parent provides a written refusal to opt out of the survey.

Advantages to active parental consent are greater parental involvement and less risk of students being included in surveys without parental approval. Disadvantages of active parental consent include the drastically increased costs and labor involved in conducting student surveys, the high failure rates for getting enough student responses to get usable data for larger surveys, and the potential for leading to inaccurate/misrepresentative data. Research and our experience suggests that the vast majority of parents consent to their students participating in such surveys and that most parental failures to provide written permission are driven by apathy, oversight, or student error, not by refusal.

### **Costs**

In recent years (since the enactment of active parental consent) more and more resources (time and money) have been spent on YRBS. Since the process of active parental consent places more of a burden on the school administrators and staff, the EED has offered financial incentives to participating schools since 2003 and costs have more doubled. This money has helped schools implement the survey but has not guaranteed its success as far as student response rates. This does not include the basic expense of operating the YRBS, such as the costs for supplies, copying, shipping and staff time.

## **Support for YRBS in Alaska**

The YRBS in Alaska is endorsed by:

- Association of Alaska School Boards
- Alaska Action for Healthy Kids
- All Alaska Pediatric Partnership
- American Heart Association, Pacific/Mountain Affiliate
- American Lung Association of Alaska
- American Cancer Society, Alaska
- Alaska Health Education Consortium
- Alaska Tobacco Control Alliance
- Alaska Native Tribal Health Consortium

For more information on YRBS system visit <http://www.cdc.gov/healthyyouth/yrbs/index.htm> or <http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm> or contact Patty Owen, YRBS Coordinator, DHSS, Division of Public Health, 465-2768 or [Patty\\_Owen@health.state.ak.us](mailto:Patty_Owen@health.state.ak.us)

# Alaska

## 2007 Youth Risk Behavior Survey (YRBS) Results

### These risk behaviors among high school students<sup>1</sup> ...

#### Unintentional Injuries and Violence

- 7% Rarely or never wore a seat belt
- 24% Rode with a driver who had been drinking alcohol, during the past month
- 24% Carried a weapon during the past month
- 29% Were in a physical fight during the past year
- 11% Attempted suicide during the past year

#### Alcohol and Other Drug Use

- 40% Drank alcohol during the past month
- 26% Reported episodic heavy drinking during the past month<sup>2</sup>
- 21% Used marijuana during the past month
- 8% Ever used cocaine
- 14% Ever used inhalants

#### Sexual Behaviors

- 45% Ever had sexual intercourse
- 13% Had sexual intercourse with  $\geq 4$  people
- 31% Had sexual intercourse during the past three months
- 39% Did not use a condom during last sexual intercourse<sup>3</sup>

#### Tobacco Use

- 53% Ever tried cigarette smoking
- 18% Smoked cigarettes during the past month
- 7% Smoked cigarettes on  $\geq 20$  days during the past month
- 10% Used smokeless tobacco during the past month
- 10% Smoked cigars during the past month

#### Dietary Behaviors

- 84% Ate fruits and vegetables  $< 5$  times/day during the past 7 days
- 22% Drank soda or pop one or more times a day during the past 7 days (not including diet soda or pop)

#### Physical Activity

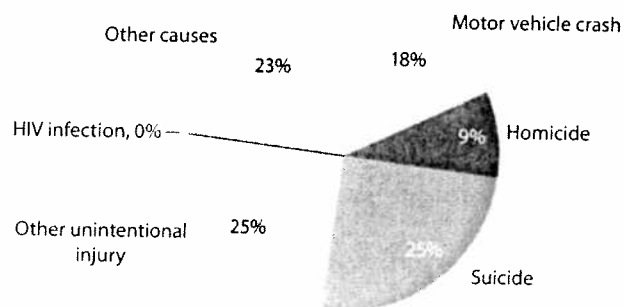
- 58% Did not meet currently recommended levels of physical activity<sup>4</sup>
- 53% Did not attend physical education class
- 82% Did not attend physical education class daily

#### Overweight

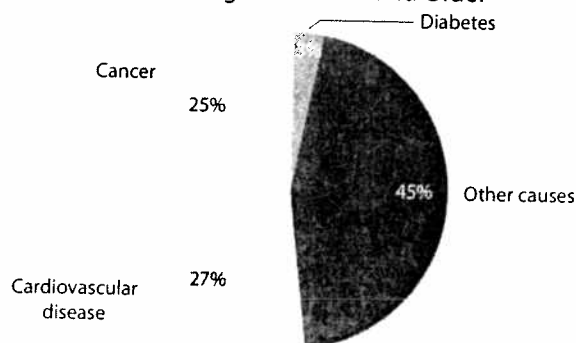
- 16% Were overweight<sup>5</sup>
- 11% Were obese<sup>6</sup>

### ... contribute to these leading causes of death<sup>7</sup>

Youth Aged 10-24 Years



Adults Aged 25 Years and Older



<sup>1</sup> High school students grades 9-12 in Alaska excluding alternative schools and boarding schools, weighted data.

<sup>2</sup> Students who had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the past 30 days

<sup>3</sup> Among students who had sexual intercourse during the past 3 months.

<sup>4</sup> Students who were not physically active for a total of at least 60 minutes per day on 5 or more days of the past 7 days.

<sup>5</sup> Students who were at or above the 85th percentile but below the 95th percentile for body mass index by age and sex.

<sup>6</sup> Students who were at or above the 95th percentile for body mass index by age and sex.

<sup>7</sup> 2003-2005 Alaska mortality data, Centers for Disease Control and Prevention.

For more information visit [www.hss.state.ak.us/dph/chronic](http://www.hss.state.ak.us/dph/chronic)

Or call 1-888-465-3140

The Alaska Youth Risk Behavior Survey is a joint project between the Department of Health and Social Services and the Department of Education & Early Development in cooperation with the Centers for Disease Control and Prevention



# 2009 Alaska Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

***Thank you very much for your help.***

**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

- How old are you?
  - 12 years old or younger
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old
  - 18 years old
  - 19 years old or older
- What is your sex?
  - Female
  - Male
- In what grade are you?
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade
  - Ungraded or other grade
- Are you Hispanic or Latino?
  - Yes
  - No
- What is your race? (Select one or more responses.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

- How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

**Example**

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

**Example**

Weight		
Pounds		
1	5	2
⑩	⑩	⑩
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨



8. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
  - B. Mostly B's
  - C. Mostly C's
  - D. Mostly D's
  - E. Mostly F's
  - F. None of these grades
  - G. Not sure

E. 6 or more times

**The next 4 questions ask about safety.**

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a bicycle during the past 12 months
  - B. Never wore a helmet
  - C. Rarely wore a helmet
  - D. Sometimes wore a helmet
  - E. Most of the time wore a helmet
  - F. Always wore a helmet
10. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times

**The next 10 questions ask about violence-related behaviors.**

13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
14. During the past 30 days, on how many days did you carry **a gun**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
16. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days
17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
- G. 10 or 11 times  
H. 12 or more times

18. During the past 12 months, how many times were you in a physical fight?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
20. During the past 12 months, how many times were you in a physical fight **on school property**?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
  - A. Yes
  - B. No
22. Have you ever been physically forced to have sexual intercourse when you did not want to?
  - A. Yes
  - B. No

The next question asks about bullying. **Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

23. During the past 12 months, have you ever been bullied **on school property**?
  - A. Yes
  - B. No

The next 5 questions ask about sad feelings and attempted suicide. **Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.**

24. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
  - A. Yes
  - B. No
25. During the past 12 months, did you ever **seriously** consider attempting suicide?
  - A. Yes
  - B. No
26. During the past 12 months, did you make a plan about how you would attempt suicide?
  - A. Yes
  - B. No
27. During the past 12 months, how many times did you actually attempt suicide?
  - A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times

28. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- A. **I did not attempt suicide** during the past 12 months
  - B. Yes
  - C. No

**The next 13 questions ask about tobacco use.**

29. Have you ever tried cigarette smoking, even one or two puffs?
- A. Yes
  - B. No
30. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
31. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
32. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
  - B. Less than 1 cigarette per day
  - C. 1 cigarette per day
  - D. 2 to 5 cigarettes per day
  - E. 6 to 10 cigarettes per day
  - F. 11 to 20 cigarettes per day
  - G. More than 20 cigarettes per day

33. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way
34. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
35. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
36. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
  - B. Yes
  - C. No
37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
38. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
39. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
40. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

41. How much do you think people risk harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

42. During your life, on how many days have you had at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 9 days
  - D. 10 to 19 days
  - E. 20 to 39 days
  - F. 40 to 99 days
  - G. 100 or more days
43. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
44. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 to 5 days
  - E. 6 to 9 days
  - F. 10 to 19 days
  - G. 20 or more days
46. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
  - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
  - C. I bought it at a restaurant, bar, or club
  - D. I bought it at a public event such as a concert or sporting event
  - E. I gave someone else money to buy it for me
  - F. Someone gave it to me
  - G. I took it from a store or family member
  - H. I got it some other way
47. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
48. How much do you think people risk harming themselves (physically or in other ways), if they have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?
- A. No risk

- B. Slight risk
- C. Moderate risk
- D. Great risk

**The next 5 questions ask about marijuana use. Marijuana also is called grass or pot.**

- 49. During your life, how many times have you used marijuana?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 to 99 times
  - G. 100 or more times
- 50. How old were you when you tried marijuana for the first time?
  - A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
- 51. During the past 30 days, how many times did you use marijuana?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 52. During the past 30 days, how many times did you use marijuana **on school property**?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
- 53. How much do you think people risk harming themselves (physically or in other ways), if they smoke marijuana regularly?
  - A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

**The next 9 questions ask about other drugs.**

54. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
55. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
56. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
57. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times

58. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
59. During your life, how many times have you used **ecstasy** (also called MDMA)?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
60. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
  - A. 0 times
  - B. 1 time
  - C. 2 or more times
61. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?
  - A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 to 39 times
  - F. 40 or more times
62. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
  - A. Yes
  - B. No

**The next 7 questions ask about sexual behavior.**

63. Have you ever had sexual intercourse?



- A. Yes
- B. No

- 64. How old were you when you had sexual intercourse for the first time?
  - A. I have never had sexual intercourse
  - B. 11 years old or younger
  - C. 12 years old
  - D. 13 years old
  - E. 14 years old
  - F. 15 years old
  - G. 16 years old
  - H. 17 years old or older
- 65. During your life, with how many people have you had sexual intercourse?
  - A. I have never had sexual intercourse
  - B. 1 person
  - C. 2 people
  - D. 3 people
  - E. 4 people
  - F. 5 people
  - G. 6 or more people
- 66. During the past 3 months, with how many people did you have sexual intercourse?
  - A. I have never had sexual intercourse
  - B. I have had sexual intercourse, but not during the past 3 months
  - C. 1 person
  - D. 2 people
  - E. 3 people
  - F. 4 people
  - G. 5 people
  - H. 6 or more people
- 67. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
  - A. I have never had sexual intercourse
  - B. Yes
  - C. No
- 68. The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

69. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
  - B. No method was used to prevent pregnancy
  - C. Birth control pills
  - D. Condoms
  - E. Depo-Provera (injectable birth control)
  - F. Withdrawal
  - G. Some other method
  - H. Not sure

The next 4 questions ask about body weight.

70. How do **you** describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
71. Which of the following are you trying to do about your weight?
- A. **Lose** weight
  - B. **Gain** weight
  - C. **Stay** the same weight
  - D. I am **not trying to do anything** about my weight
72. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
73. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

74. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
75. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
76. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
77. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
78. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
79. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

80. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
81. During the past 7 days, how many times did you drink a **can, bottle, or glass of a sugar sweetened drink**, such as sports drinks, sweetened energy drinks, Snapple, fruit punch, Kool-Aid, Tang, or Capri-Sun? (Do **not** include soda or pop, diet drinks, or 100% fruit juice.)
- A. I did not drink sugar sweetened drinks during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
82. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
  - B. 1 to 3 glasses during the past 7 days
  - C. 4 to 6 glasses during the past 7 days
  - D. 1 glass per day
  - E. 2 glasses per day
  - F. 3 glasses per day
- G. 4 or more glasses per day

**The next 6 questions ask about physical activity.**

83. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
84. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day
85. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day

86. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
87. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?
- A. I do not take PE
  - B. Less than 10 minutes
  - C. 10 to 20 minutes
  - D. 21 to 30 minutes
  - E. 31 to 40 minutes
  - F. 41 to 50 minutes
  - G. 51 to 60 minutes
  - H. More than 60 minutes
88. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
- A. 0 teams
  - B. 1 team
  - C. 2 teams
  - D. 3 or more teams

**The next 3 questions ask about other health-related topics.**

89. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
  - B. No
  - C. Not sure
90. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
  - B. No
  - C. Not sure
91. Do you still have asthma?

- A. I have never had asthma
- B. Yes
- C. No
- D. Not sure

**The next 8 questions ask about other health topics.**

- 92. How often does one of your par ents talk with you about what you are doing in school?
  - A. Never
  - B. Less than once a month
  - C. About once or twice a month
  - D. About once or twice a week
  - E. About every day
- 93. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
  - A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
- 94. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
  - A. 0 adults
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults
- 95. During an average week, how many hours do you spend helping or volunteering at school or in the community (such as helping elders or neighbors; watching young children; teaching or tutoring; peer helping; mentoring; or helping out at local programs, health clinics, faith organizations, tribal organizations, or environmental organizations)?
  - A. 0 hours
  - B. 1 hour
  - C. 2 hours
  - D. 3 to 5 hours
  - E. 6 to 10 hours
  - F. 11 or more hours

96. During an average week, on how many days do you take part in organized after school, evening, or weekend activities (such as school clubs; community center groups; music, art, or dance lessons; drama; church; or cultural or other supervised activities)?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
97. Do you agree or disagree that you feel alone in your life?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

98. Do you agree or disagree that in your community you feel like you matter to people?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree
99. Do you agree or disagree that your school has clear rules and consequences for behavior?
- A. Strongly agree
  - B. Agree
  - C. Not sure
  - D. Disagree
  - E. Strongly disagree

**This is the end of the survey.  
Thank you very much for your help.**